

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)
Civil Action No. 12-5848

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Wheeler V. Capital One bank et al
was received by me on (date) October 15, 2012

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): Certified Mail Return Receipt Requested


My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 10/25/12

Suzanne Reynolds
Server's signature
McCullough Eisenberg, LLC
Printed name and title
65 W. Street Road
Warminster, PA 18974
Server's address

Additional information regarding attempted service, etc:

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Address | |
| 1. Article Addressed to: Capital One Bank USA 4851 Cox Road Glen Allen, VA 23060 | | B. Received by (Printed Name) C. Date of Delivery | |
| 2. Article Number (Transfer from service label) | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| PS Form 3811, February 2004 | | Domestic Return Receipt | |
| 102595-02-M-15 | | 7010 3090 0000 5762 2330 | |

| U.S. Postal Service | |
|--|--------|
| CERTIFIED MAIL[®] RECEIPT[™] (Domestic Mail Only; No Insurance Coverage Provided) | |
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage \$ | \$2.95 |
| Certified Fee | \$0.00 |
| Return Receipt Fee (Endorsement Required) | \$0.00 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees \$ | \$2.95 |
| Sent To CAPITAL ONE BANK USA Street, Apt. No., or PO Box No. 4851 COX ROAD City, State, ZIP+4 [®] GLENN ALLEN VA 23060 | |
| PS Form 3800, August 2006 See Reverse for Instructions | |